

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

16983

2250

FILED JUN 3 1944

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3430 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 20 Years years, months or days)

3. (a) PRINT FULL NAME John B. DONOVAN.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura A. Donovan 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased February 3rd 1888 (Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 19 hr. 30 min.

9. Birthplace Leavenworth Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Apartment Owner.

11. Industry or business

12. Name John H. Donovan
13. Birthplace Leavenworth Kansas (City, town, or county) (State or foreign country)
14. Maiden name Mary J. Delaney
15. Birthplace Old Mexico (City, town, or county) (State or foreign country)

16. (a) Informant Laura A. Donovan
(b) Address 3430 Harrison

17. (a) Removal (b) Date thereof 5/27/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas
18. (d) Signature of funeral director: Mellody-McGilley

(b) Address Kansas City Mo.

19. (a) 5-25-44 (b) W. E. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 3430 Harrison (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 22, 1944 to May 23, 1944
that I last saw him alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration few hrs

Due to gassed in world war
Due to no I

Other conditions: g/f (Include pregnancy within 3 months of death)

Major findings: — Of operations: —

Of autopsy: —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) — While at work? (e) Means of injury —

23. Signature J. B. McElroy (M. D. or other) 0
Address 226 W. 1st St. Date signed May 25-44

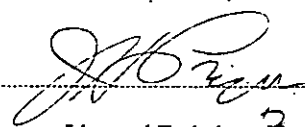
JUN 27

SEP 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

2999

P. O. Address.....

HC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.